



# Child Application Form

revised 1-25-2022

Child's Name: \_\_\_\_\_ Gender: M F IDK

D.O.B./Due Date: \_\_\_\_\_ Approximate Start Date: \_\_\_\_\_

Is your child up to date on shots?( Yes No ) Date of last checkup: \_\_\_\_\_

Parents are (please select one) Married Separated Divorced Single Deceased Child

Lives with (please select one) Both Parents Father Mother Other \_\_\_\_\_

Person responsible for paying for tuition: \_\_\_\_\_

## **Parent/Guardian #1 Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell / Other Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## **Parent/Guardian #2 Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell / Other Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## **Signature(s)**

\_\_\_\_\_  
Parent / Guardian Signature Printed Name Relationship Date

\_\_\_\_\_  
Parent / Guardian Signature Printed Name Relationship Date